

California School-Based MAA Manual

SECTION 3

MAA Glossary

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Actual Client Count (ACC)	A Medi-Cal percentage that is determined from the total number of Medi-Cal eligibles within a claiming unit divided by the total number of all individuals served by the claiming unit. Actual Client Count was formerly also known as the Actual Count or Actual Head Count.
Allowable Time	Time spent by claiming unit personnel doing claimable MAA activities as determined by time surveys or direct charge documentation.
Audit File	The documents and records that the LEA/LEC/LGA develops and maintains in support of MAA invoice(s). This file is used to support the invoice during site reviews and audits.
Cal-SAFE	The California School Age Families Education (Cal-SAFE) program is designed to increase the availability of support services necessary for enrolled expectant/parenting students, to improve academic achievement and parenting skills, and to provide a quality child care/development program for their children. This comprehensive, continuous, and community-linked school-based program replaces the Pregnant Minors Program (PMP), School Age Parenting and Infant Development (SAPID) Program, and Pregnant and Lactating Students (PALS) Program.
California County Superintendents Educational Services Association (CCSESA)	The California County Superintendents Educational Services Association (CCSESA) is a statewide network of the 58 County Superintendents of Schools who have organized themselves in order to work closely with state authorities to implement programs efficiently, in response to the needs of districts and schools.
Centers for Medicare & Medicaid Services (CMS)	Formerly known as the Health Care Financing Administration (HCFA), CMS is the federal agency that oversees the Medicaid program. It is a national health care program designed to assist families; aged, blind, and disabled persons; and individuals whose income and resources are insufficient to meet the costs of necessary medical services.
Certification Statement	A statement on the Claiming Unit Functions Grid (the Grid) certifying that the information in the operational plan is true and correct and accurately reflects the performance of MAA activities. This statement is signed by the LEC/LGA Coordinator and the LEA Coordinator.

Certified Public Expenditure	An expenditure by a public entity (a government/public agency, including public schools) for providing MAA or TCM services. Certified public expenditures include only those expenditures made by an LEC, LGA, LEA or other governmental non-federal source for services that qualify for federal reimbursement.
Child Find	Through the Individuals with Disabilities Education Act of 1997 (IDEA), all children with disabilities residing in the state who are in need of special education and related services must be identified, and evaluated to determine if services are required.
Child Health and Disability Prevention (CHDP)	CHDP is a preventive health-screening program serving California children where children and youth with suspected problems are referred for diagnosis and treatment. CHDP works with a broad range of health care providers and organizations, including private physicians, local health departments, schools, and others, to ensure that eligible children and youth receive appropriate services. All children enrolled in Medi-Cal are CHDP-eligible, but not all children participating in CHDP are Medi-Cal eligible.
Claimable Activities	Activities that may be claimed as allowable under the MAA Program.
Claiming Plan	(Replaced by the term “operational plan.”)
Community Based Organizations (CBO)	Organizations based/located in the LEC’s/LGA’s local community providing support services to families in accessing medical services, including programs and services covered by Medi-Cal.
Contingency Fee	Amount paid to vendor or other entity based on a percentage of the invoice. This fee arrangement is not a claimable administrative cost in a MAA invoice.
Cost Pool(s) (CP)	Cost Pools are the basis of MAA claims (invoices). All costs for a claiming unit must be included in one of the Cost Pools or on the Direct Charge Worksheet.
Department of Health Services (DHS)	The single state agency for the administration of the Medicaid program in California.
DHS Tape Match/ACC	Referenced as both the DHS Tape Match and the ACC, LEAs that participate in the LEA Medi-Cal Billing Option program have access to tape matches of school enrollments with Medi-Cal eligibility data. Produced by DHS, these matches identify the number of Medi-Cal eligible students enrolled in a claiming unit and used as the basis to calculate their Medi-Cal percentage.

Direct Charge	Direct invoicing of certain costs identified as 100-percent allowable. These costs are entered in the Direct Charge section of the MAA invoice.
Duty Statement	Document describing the current duties and responsibilities assigned to a specific position and how they relate to MAA. Includes the position classification, the program or claiming unit name, a brief narrative describing the reporting relationships and functions of the job, the specific assignments or activities performed by the employee, supervision received, and as appropriate, supervision exercised by the position. When duties qualify as a MAA activity, the proper MAA code should be identified following the activity.
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	The EPSDT service is Medicaid's Comprehensive and Preventive Child Health program for individuals under the age of 21. The EPSDT program consists of two mutually supportive, operational components: (1) assuring the availability and accessibility of required health care resources and (2) helping Medicaid eligibles and their parents or guardians effectively use these resources.
Enhanced Funding	The enhanced federal financial funding rate of 75 percent is no longer claimable effective January 1, 2003.
Federal Financial Participation (FFP)	States must meet certain federal requirements to participate in the Medicaid program. States that meet these requirements receive federal funding in the form of FFP for all Medicaid expenditures.
Free Care Principle	Services provided to Medi-Cal beneficiaries must not be billed to Medi-Cal when the same services are offered for free to non-Medi-Cal beneficiaries. The only exception is for IEP students.
Healthy Families	Low-cost insurance that provides health, dental, and vision coverage to children who do not have insurance and do not qualify for no-cost Medi-Cal. Offered to children whose family income is at or below 250 percent of the Federal Poverty Income Guidelines.
Healthy Start	California Healthy Start program provides students and their families with links to community resources through school-based family resource centers.
High-Risk Person	An individual with a behavior or condition which, based on scientific evidence or theory, is thought to directly influence susceptibility to a specific health problem.
High Risk Population	A population or group of individuals with behaviors or conditions which, based on scientific evidence or theory, is thought to directly influence susceptibility to a specific health problem.

Individualized Education Program or Plan (IEP)	A legal agreement composed by educational professionals, with input from the child's parents, for students identified as disabled in accordance with IDEA requirements. This agreement guides, coordinates, and documents instruction that is specially designed to meet the student's unique needs.
Initial Evaluation/Reevaluation	Before special education and related services are provided, the State Educational Agency, another State agency, or an LEA determines whether a child has a disability and identifies that child's special/specific educational needs. A reevaluation determines whether the child continues to be disabled and identifies the continuing educational needs of the child. Reevaluations must be conducted at least once every three years.
Individualized Family Service Plan (IFSP)	A written plan for providing early intervention services to a child eligible under Title 34, Code of Federal Regulations, Section 303.340, and the child's family. The individualized family service plan enables the family and service provider(s) to work together as equal partners in determining the early intervention services that are required for the child with disabilities and the family.
Invoice	The MAA Detail Invoice with supporting worksheets and the MAA Summary Invoice are to be used for the MAA claiming process initiated July 1, 2003. The claiming documents are 1) Activities and Medi-Cal Percentages Worksheet, 2) Costs and Revenues Worksheet, 3) Direct Charges Worksheet, 4) FFP Worksheet, 5) MAA Summary Invoice, 6) Operational Plan Grid, and 7) Invoice Variance Note.
Local Education Agency (LEA)	The governing body of any school district or community college district, the County Office of Education, a state special school, a California State University campus, or a University of California.
LEA Coordinator	An individual who administers MAA for an LEA.
LEA Medi-Cal Billing Option	A mechanism for LEAs to bill Medi-Cal for specific health and medical services provided to students and their families in the school setting. Services provided through this program include assessments, treatments, and Targeted Case Management.
Local Educational Consortium (LEC)	An LEA coordinating MAA services for one specific region. Each LEC represents one of the 11 service regions of the California County Superintendents Educational Services Association (CCSESA) and each regional coordinator serves on an advisory committee to DHS.
Local Governmental Agency (LGA)	Local public health office or county agency that oversees the MAA program for its county.

LEC/LGA Coordinator	An individual who administers MAA for the region or county.
Managed Care Organizations (MCO)	Health maintenance organization designed to oversee services and costs for individual clients.
MAA Contract	For an LEC/LGA to claim reimbursement for MAA, Welfare and Institutions Code 14132.47(b) requires that a contract be in place between DHS and the LEC/LGA.
Medi-Cal Administrative Activities (MAA)	Activities necessary for the proper and efficient administration of the Medi-Cal program.
Medi-Cal Discount	The Medi-Cal percentage used to discount costs on the MAA invoice. The approved method to calculate the discount is the ACC.
Medi-Cal Eligible	An individual who is currently eligible to receive Medi-Cal benefits and health services.
Medi-Cal Percentage	The fraction of a population that consists of actual recipients of the Medi-Cal program.
Non-public schools	A nonpublic, nonsectarian school, certified by the state, that enrolls individuals with exceptional needs pursuant to IEP. EC 56034
Nonspecific Contract	The contract does not clearly describe the MAA to be performed or specifically identify the amount to be paid for each allowable activity.
Office of Management and Budget (OMB) Circular A-87	A circular issued by the federal government that provides mechanisms and guidelines for state and local governments to account for costs when administering federal programs.
Operational Plan (OP)	(Replaces the term “claiming plan.”) Documentation the claiming unit uses to perform MAA and that includes the audit file documentation that supports the invoice.
Participation Fee	LECs/LGAs participating in MAA are required to pay a fee to cover additional costs related to program administration.
Personal Services Contractor	An entity (non-employee) that has entered into an agreement with a claiming unit to perform essential administrative and programmatic services, including MAA services, and for whom an employee/employer relationship exists that can be demonstrated. An employee/employer relationship exists when the claiming unit’s management supervises the entity.
Policy and Procedure Letter (PPL)	Notification from DHS to all LEC/LGA coordinators of new procedures or to clarify policy and procedural issues.

Position Description	An official document describing the necessary knowledge, skills, abilities, education, certification, and minimum qualifications for a specific employment classification. The position description also defines the employee's scope of work, the variety and complexity of general tasks performed, and the supervision exercised and/or received as they relate to MAA.
Professional Day	Time survey recording based on contract language allowing for flexible hours worked. Often used by management personnel.
Quarterly Summary Invoice	The summary or aggregate of costs for each claiming unit on each quarterly MAA detail invoice. Prepared by an LEC/LGA on behalf of all claiming entities or programs within its jurisdiction, it is submitted on the agency's letterhead and is the amount to be subject to FFP reimbursement to the LEC/LGA for the quarter.
Revenue	Funding received by a LEC/LGA or program.
Revenue Offset	Revenue offset identifies federal funds so that they are not duplicated. The Revenue Offset Worksheet provides a systematic approach to calculate the dollars that must be offset from the claim.
School Claiming Unit	An entity within an LEC/LGA, such as any LEA, school district, COE, Special Education Local Plan Area (SELPA), State-funded college, or Healthy Start program that performs MAA.
Service Providers	A provider of Medi-Cal services in California.
Single State Agency	The state agency charged with administering the Medicaid program. In California, the single state agency is DHS and the Medicaid program is called Medi-Cal.
Specific Contract	A contract that describes the MAA to be performed and the specific amount to be paid for each activity.
Subcontractor	An agency that enters into a contract with the LEA/LEC/LGA to perform MAA-related services.
Time Survey	The approved methodology for determining the percentage of costs allowable for each MAA activity.
504 Accommodations	This section of the Rehabilitation Act of 1973 that requires school districts to provide or pay for certain services to make education accessible to handicapped children. These services are described in an Individualized Health Service Plan (IHSP) or 504 Plan.

Note: SPMP definition Deleted.